Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/788,650 Filing Date TRANSMITTAL February 27, 2004 First Named Inventor **FORM** Chaitan KHOSLA Art Unit 1648 (to be used for all correspondence after initial filing) **Examiner Name** S. Chen Attorney Docket Number 300622000205 9 Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication Fee Transmittal Form (1 page + Drawing(s) duplicate for fee processing) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Petition x Amendment/Reply (5 pages) (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer (1 page) Extension of Time Request Identify below): Return Receipt Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Customer No. 25225 Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MORRISON & FOERSTER LLP Signature Printed name Kate H. Murashige Reg. No. Date 29,959 2006 , 2d April

I hereby certify that this corres an envelope addressed to: MS	pondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: April <u>27,</u> 2006	AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Signature: (Marian L. Christopher)

PTO/SB/17 (01-06)
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FEE TRANSMITTAL
FOR FY 2006

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 130.00

Complete if Known

Application Number

10/788,650
February 27, 2004
First Named Inventor
Examiner Name
S. Chen

Art Unit
1648

TOTAL AMOUNT OF PAYMENT

(\$) 130.00

Attorney Docket No.

Complete if Known

Application Number
10/788,650
February 27, 2004
First Named Inventor
Examiner Name
S. Chen

Art Unit
1648

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TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket I	NO.	300622000205				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (A	I the fees be	low are du	e upo	n filing or may	be sub	ect to a surcha	rge.)		
1. BASIC FILING, SEARCH									
	FILING	FEES nall <u>Entity</u>	SE	ARCH FEES Small Entity	EXAM	INATION FEES Small Entity			
Application Type	Fee (\$)		Fee (\$		Fee (\$		Fees P	aid (\$)	
Utility	300	150	500	250	200	100	0.	00	
Design	200	100	100	50	130	65	0.	00	
Plant	200	100	300	150	160	80	0.	00	
Reissue	300	150	500	. 250	600	300	0.	00	
Provisional	200	100	0	0	0	0	0.	0.00	
2. EXCESS CLAIM FEES								Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including	-	n ·					50	25	
Each independent claim ove	r 3 (including	Reissues)			•		200	100	
Multiple dependent claims	_	Α.			_		360	180	
Total Claims Extra Claims Fee (\$) Fee Paid				Multiple Dependent Claims					
HP = highest number of total clair	ne paid for if grea	= ter than 20		.00		Fee (\$) <u>F</u>	ee Paid (\$ 0.00	4	
Indep. Claims Extra C		• (\$)	Foo I	Paid (\$)	_		0.00	_	
indep. Claims Extra C	X Y	· =	-	.00					
HP = highest number of independ	lent claims paid fo	r, if greater than	-						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							<u>Fee Paid (\$)</u> = 0.00		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							<u>Fees Paid (\$)</u> 0.00		
Other (e.g., late filing surcharge): 2814 Statutory Disclaimer							130.00		
Other (e.g., rate tilling suicharge). 2014 Statutory Discialine 150.00							5.55		

SUBMITTED BY					
Signature	late H. Winesen	Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112
Name (Print/Type)	Kate H. Murashige			Date	April <u>Z</u> , 2006